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SECRETARY OF STATE

### **COVER LETTER**

Registration Section

TO:

| Division of Corporations                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: SHAWN MARIE FRAMING ETCETERA, LLC                                                                                                                                                        |
| (Name of Limited Liability Company)                                                                                                                                                               |
|                                                                                                                                                                                                   |
| The enclosed Articles of Organization and fee(s) are submitted for filing.                                                                                                                        |
| Please return all correspondence concerning this matter to the following:                                                                                                                         |
| JOHN GALLETTA, JR., ESQ.                                                                                                                                                                          |
| (Name of Person)                                                                                                                                                                                  |
| LAW OFFICE OF JOHN GALLETTA, JR., P.L.                                                                                                                                                            |
| (Firm/Company)                                                                                                                                                                                    |
| 5431 A1A SOUTH, SUITE 101                                                                                                                                                                         |
| (Address)                                                                                                                                                                                         |
| ST. AUGUSTINE, FL 32080                                                                                                                                                                           |
| (City/State and Zip Code)                                                                                                                                                                         |
|                                                                                                                                                                                                   |
| For further information concerning this matter, please call:                                                                                                                                      |
| John Galletta, Jrat( 904) 461-6644                                                                                                                                                                |
| . (Name of Person) (Area Code & Daytime Telephone Number)                                                                                                                                         |
|                                                                                                                                                                                                   |
| Enclosed is a check for the following amount:                                                                                                                                                     |
| \$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed) |
| Mailing Address Street/Courier Address                                                                                                                                                            |

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# FILED

## ARTICLES OF ORGANIZATION OF

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SHAWN MARIE FRAMING ETCETERA, LLC. SECRETARY OF STATE

### **ARTICLE I - NAME**

The name of the limited liability company is Shawn Marie Framing Etcetera, LLC., ("company").

### **ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

23 Sanchez Avenue

23 Sanchez Avenue

St. Augustine, Florida 32080

St. Augustine, Florida 32080

### ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Victoria Mullis

23 Sanchez Avenue

St. Augustine, Florida 32084

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Victoria Mullis

### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR

Victoria Mullis

417 Queen Anne Court

St. Augustine, Florida 32092

MGMR

Shawn Allen

1020 Shore Drive

St. Augustine, Florida 32086

**MGMR** 

Dawn Klaffka

417 Queen Anne Court

Št. Augustine, Florida 32092

### ARTICLE V - ADMISSION OF NEW MEMBERS

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

### ARTICLE VI - CONTINUATION OF BUSINESS

The remaining members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company.

#### ARTICLE VII - INDEMNIFICATION

To the greatest extent not inconsistent with the laws and public policies of Florida the Company will indemnify, as a matter of right, any Member made a party to any proceeding because he or she is or was a Member, against all liability incurred by such individual in connection with any proceeding; provided that such individual has met the standard of conduct for indemnification set forth under Florida law.

### ARTICLE VIII - PURPOSE

The purpose for which this Limited Liability company is organized is for any lawful purpose.

### ARTICLE IX - ADDITIONAL PROVISIONS

The power to adopt, alter, amend, or repeal the regulations of the Company is vested entirely in the members.

### **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Victoria Multis SAAWN AUGU Typed or printed name of signee

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Shawn Allen VICTOR MUCUS

Typed or printed name of signee

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dawn Klaffka

Typed or printed name of signee

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